

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	
NAME	

**Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached."**

- Write **unk (for unknown)** or **none** in any space or box when you do not have the information on the other party involved.
- Give insurance information that is complete and which correctly and *fully* identifies the **company** that issued the insurance policy or surety bond, or whether there is a certificate of self-insurance.
- Place the National Association of Insurance Commissioners (NAIC) number for your Insurance or Surety Company in the boxes provided. The NAIC number should be located on the proof of insurance provided by you company or you can contact your insurer for that information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc) that you saw was injured *or* complained of bodily injury or know to be deceased.
- Record in the PROPERTY DAMAGE line any damage to telephone poles, fences, street signs, guard post, trees, livestock, dogs, buildings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mail to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME		AVT NUMBER
BUSINESS NAME		TELEPHONE NUMBER ( )
STREET ADDRESS	CITY	STATE ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE

  

<b>Vehicle was:</b> <input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other _____	NUMBER OF VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER
COMPANY NAIC NUMBER		POLICY PERIOD FROM _____ TO _____

### SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR	MODEL
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
STATE VEHICLE IS REGISTERED IN	

  

<b>Vehicle was:</b> <input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other _____	NUMBER OF VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER
COMPANY NAIC NUMBER		POLICY PERIOD FROM _____ TO _____

☐ **Additional information attached.**



#### SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

**CHECK ALL THAT APPLY** ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

**CHECK ALL THAT APPLY** ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

PROPERTY DAMAGE

PROPERTY OWNER'S NAME	TELEPHONE NUMBER ( )
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STREET ADDRESS	CITY	STATE	ZIP CODE
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WITNESS NAME	TELEPHONE NUMBER ( )
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STREET ADDRESS	CITY	STATE	ZIP CODE
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WITNESS NAME	TELEPHONE NUMBER ( )
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STREET ADDRESS	CITY	STATE	ZIP CODE
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☐ Additional information attached.

#### SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

☐ Autonomous Mode ☐ Conventional Mode

☐ Additional information attached.

#### SECTION 6 — CERTIFICATION

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

*I further certify that I am the authorized Administrator of the program for the above named employer.*

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE	TELEPHONE NUMBER ( )
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SIGNATURE	DATE SIGNED
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X